

Idaho State Veterans Home

Application for Admission



Boise

**320 Collins Road
Boise, Idaho 83702
(208) 334-5000**

Lewiston

**821 21st Avenue
Lewiston, Idaho 83501
(208) 799-3422**

Pocatello

**1957 Alvin Ricken Drive
Pocatello, Idaho 83201
(208) 236-6340**

Idaho State Veterans Home
Boise Lewiston Pocatello



Thank you for considering our Idaho State Veterans Homes (ISVH) as a 24 hour skilled nursing facility to care for your loved one. Idaho has three facilities; they are located in Boise, Pocatello and Lewiston.

- ☐ The Boise Home has 131 nursing beds, and 36 domiciliary and residential care beds.
- ☐ The Pocatello Home has 66 nursing beds.
- ☐ The Lewiston Home has 66 nursing beds.

Veterans (wartime and peacetime), spouses, widows and widowers are eligible for admission. Specific requirements are:

- Proof of honorable service in the United States Military, (DD214 or Military Discharge) showing a minimum of ninety (90) days active duty service.
- Spouses, Widows, and Widowers must provide proof of marriage (license or certificate), a copy of the veteran's honorable military service (DD214 or Military Discharge) on whose service they are qualified, and a death certificate when applicable.
- A physician must certify that the applicant requires 24 hour skilled nursing care for their medical condition.
- An Idaho address.
- All Veteran Residents must also either be in receipt of, or apply for a VA pension. Application can be made through the Office of Veterans Advocacy. We will assist with this process.

The admissions committee will review the application carefully to ensure the Veterans Home is able to provide the services and level of care the individual needs. (The Homes may not admit an individual for whom they cannot care for per State, Federal, and Department of Veterans Affairs regulations.)

Applicants are responsible for contributing toward their care costs. Payment sources for nursing care can be from income and liquid assets (private pay); Medicaid insurance is also accepted. Each month's care charges must be paid in advance. Medicare or other insurance is required so that physician, hospital, and lab work costs are covered. For specific financial information, i.e. daily cost of care, Medicaid eligibility, and a review of individual financial circumstances, please contact the Admissions Coordinator at the State Veterans Home. Domiciliary and resident care costs are determined by assets or income. The homes domiciliary and residential care beds are not Medicaid certified, please contact the Admissions Coordinator at the State Veterans Home for further information.

Individual assistance is available from the Admissions Coordinator in completing admission documents and Medicaid applications. A State Service Officer is located in each Veterans Home; they will review eligibility for VA benefits and will assist with the required applications.

Our Admissions Coordinator looks forward to hearing from you. Thank you, again, for your interest in our State Veterans Home.

Idaho State Veterans Home

Boise **Lewiston** **Pocatello**



**Additional Information Regarding Admission To The
Idaho State Veterans Home**

VETERANS

Verification of Veteran status is required: Copy of DD214 or Military Separation Papers

Effective June 1, 2010 the daily rate is \$163 per day or \$5,053 per month (31 days) plus medications and ancillaries (briefs, oxygen, medical supplies, etc.)

Some of our veterans choose to pay privately from their own funds.

Some are eligible for assistance from the Veterans Administration – Aid and Attendance pension.

- Assets need to be under \$80,000 (home and car is not counted)
- For married couple the maximum VA will pay is \$1949 per month plus medications
- For single veteran the maximum VA will pay is \$1644 per month plus medications

Some may qualify for any amount up to the maximum; however, this is unknown until the proper paperwork is received from the VA.

Some are eligible for Medicaid. For further information about the Medicaid process, please contact the Admissions Coordinator.

Many veterans get a combination of VA and Medicaid benefits depending on eligibility.

SPOUSES OF VETERANS

Effective July 1, 2006 Spouses of Veterans are eligible to be admitted to the Idaho State Veterans Home.

Verification of Spouse and Veteran Status:

- Current Spouse – Marriage Certificate (1 year requirement) and Copy of DD214 or Military Separation Papers of Veteran
- Former (Surviving) Spouse – Marriage Certificate (1 year requirement), Death Certificate for Veteran, Copy of DD214 or Military Separation Papers of Veteran (Surviving spouse cannot be remarried)

Effective June 1, 2010 the daily rate is \$163 and the current VA per diem rate, which the spouse will be required to pay, (currently \$94.59 per day - subject to change) plus medications and ancillaries (briefs, oxygen, medical supplies, etc.).

MEDICARE - Veterans and Spouses of Veterans

If eligible for Medicare, the applicant must elect to participate, unless participation is waived by the Home Administrator. Participation in a Medicare prescription drug coverage (Part D) plan is also encouraged as this coverage helps to reduce costs for those who are paying privately for their care. Medicare Part D also provides medications for those on Medicaid as they no longer pay for prescriptions. The Idaho State Veterans Homes accepts several Medicare Part D plans. For more information concerning these plans, please contact our business office at the Idaho State Veterans Home.

RESIDENTIAL CARE & DOMICILIARY CARE (Services only provided at the Boise facility) Residential Care and Domiciliary Care charges will increase in accordance with adjustments made to VA pensions.

Effective December 1, 2008 the monthly rate for Residential Care is \$1,234.00

If Veteran has less than \$1,500.00 in liquid assets, the charge could be as little as 75% of income.

Effective December 1, 2008 the monthly rate for Domiciliary Care is \$987.00

If Veteran has less than \$1,500.00 in liquid assets, the charge could be as little as 60% of income.

NOTE: All financial information listed on this form is subject to change without notice.

Idaho State Veterans Home
Boise **Lewiston** **Pocatello**



APPLICATION FOR ADMISSION

Today's Date: _____ Admission Date: _____

This application is for placement in the Idaho State Veterans Home located in:

☐ Boise ☐ Lewiston ☐ Pocatello

Type of Care: ☐ Nursing Care ☐ Residential Care ☐ Domiciliary Care

Applicant's Name: _____

Applicant Status: ☐ **Veteran** ☐ **Spouse of a Veteran**

Personal Information

Date of Birth: _____

(Month) (Day) (Year)

Place of Birth: _____

(City) (State)

Gender: ☐ Male ☐ Female

Social Security Number: _____

Branch of Service: _____

Religious Preference: _____

Date of Entry: _____

Date of Discharge: _____

VA Claim Number: _____

POW: ☐ Yes ☐ No

Service Connected: ☐ Yes ☐ No

Service Connected Rating _____%

Permanent Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do you currently receive care at the VA Medical Center? ☐ Yes ☐ No If yes, which Team? _____

Present Location: ☐ Home ☐ Assisted Living ☐ Nursing Home ☐ Hospital

Current Address: _____

(If applicant resides other than at home, please provide the name of the facility, the address and phone number).

Marital Status: ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Single

Spouse's Maiden Name: _____ Spouse's SSN: _____

Spouse's DOB: _____ Date of Marriage: _____

Has applicant ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or sexual offense? ☐ Yes ☐ No

If yes, please explain: _____



Contact Information

Primary Contact/Responsible Party (*person who handles financial or medical affairs*)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ (Street) Work Phone: _____ (City) (State) Cell Phone: _____ (Zip)

Secondary Contact

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ (Street) Work Phone: _____ (City) (State) Cell Phone: _____ (Zip)

Health Insurance Information

Please include, with this application, a copy (**front and back**) of the applicant's Medicare, Private Insurance, and Medicaid Cards.

Do you have **Medicare**? ☐ Yes ☐ No

Medicare Number: _____ Effective Date: _____

Do you have **Medicare D Prescription Coverage**? ☐ Yes ☐ No

Plan Name: _____

Policy Number: _____ Effective Date: _____

Do you have **Other Health Insurance**? ☐ Yes ☐ No

Policy Name: _____ Policy Number: _____

Policy Type: _____ Effective Date: _____

Do you have **Long Term Care Coverage**? ☐ Yes ☐ No

Policy Name: _____ Policy Number: _____

Policy Type: _____ Effective Date: _____

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Financial Information

A copy of the applicant's current bank statements and proof of income is required prior to admission.

Former Occupation: _____

Applicant Monthly Income *before* Deductions:

Social Security: \$ _____

Private Pension: \$ _____

Military Retirement: \$ _____

Other Income: \$ _____

Total: \$ _____

Spouse Monthly Income:

Social Security: \$ _____

Private Pension: \$ _____

Military Retirement: \$ _____

Other Income: \$ _____

Total: \$ _____

If Applicant is receiving VA income benefits:

Service Connected (SC) Disability Pension: \$ _____

Service Connected Disability Rating by VA: _____ %

Non-Service Connected (NSC) Pension: \$ _____

Aid and Attendance: \$ _____

House Bound: \$ _____

Other Resources:

Checking Account: \$ _____

Savings Account: \$ _____

Investments: \$ _____

Life Insurance Policy: \$ _____

Property: \$ _____ Address: _____

Vehicles: \$ _____ year/model _____

Revocable or Irrevocable Personal Trust ☐ Yes ☐ No If yes, Date it was done? _____

Pre-Paid Burial Arrangements: ☐ Yes ☐ No

Funeral Home: _____ Phone: _____

Address: _____

Has the applicant sold, transferred ownership or gifted any property or financial asset in the last 5 years?
(Street) (City) (State) (Zip)

☐ Yes ☐ No If yes, please explain: _____

Financial Responsible Party (name and address): _____

I do hereby affirm, to the best of my knowledge that the above statements are true and I understand that any falsification regarding my monthly income or assets will be reason for discharge from the Home. If applying for nursing care, I further affirm that my income may be such that I am unable to defray the necessary expenses of the medical care for which I am applying. I further understand that I can be discharged from the Home for refusal or failure to pay the established maintenance charge or related expenses.

Signature of Applicant/Responsible Party

Date

Idaho State Veterans Home
Boise Lewiston Pocatello

Applicant's Agreement

1. I acknowledge that I understand I must be a bona fide resident of the State of Idaho in order to be eligible for admission to the Idaho State Veterans Home. In that regard, I hereby state, acknowledge, and affirm the address provided on this Application for Admission to the Home is my principal or primary home or place of abode. I hereby further state that it is my present intent to remain at this address so long as I am able, and to return to it after any period of absence. This statement is knowingly and voluntarily given on my part.

2. I agree to comply with the laws of the State of Idaho and the rules of the Home, if permitted to become a resident, and to obey and abide by all the orders of the Home Administrator and/or his designee, and promptly perform all the duties required of me as a resident of the Idaho State Veterans Home.

3. I authorize the Division of Veterans Services to conduct an investigation to determine the total value of my property and assets before my admission as a resident to the Home and to investigate my financial status at any time while I am a Home resident in order to determine my ability to pay maintenance charges as established by the rules of the Home. I understand that I will be charged according to my ability to pay, and I agree to pay for my residence at the Idaho State Veterans Home at the rate prescribed and in accordance with my resources. I understand that the charge may change with an increase or decrease in my income or for the authorized exclusions of my income. I understand that should I receive additional income or be eligible for additional income at any future date, from any source, that I must report it to the home, and that failure to do so shall be cause for my discharge.

4. I understand that, as a condition to my admission, I agree that all personal property owned, money held, or assets to which I am entitled at the time of my death – unless disposed of by my will or rightfully claimed within five years of my death by an heir or person named in my will – must be assigned to the Administrator of the Idaho Division of Veterans Services for the sole use and benefit of an Idaho State Veterans Home.

5. I agree that if my personal property is unclaimed for a period of 30 days after the date of my voluntary departure or any other discharge from the Home, the Home Administrator is authorized to claim such property for private sale, public auction or use by an Idaho State Veterans Home.

6. I will not knowingly disobey any rule of the Home and will submit any complaints to the proper authorities of the Home.

7. I agree that any personal funds, securities and other valuables not deposited for safekeeping with the Idaho State Veterans Home and retained by me in my personal possession shall be kept at my own risk. This includes all sensory aids (i.e., hearing aids, dentures, glasses, etc.).

8. In the event that any portion of this agreement for any reason whatsoever is invalid, the remaining portion of this agreement shall nevertheless be valid, enforceable, and effectual, as though the invalid portion or portions have never been a part of it.

I have read, or have had read to me, all questions and answers on this form, and the answers to all questions are true and complete to the best of my knowledge and belief.

Signature

Printed Name

Date

Understanding of Fiduciary/Representative Payee

I understand that monies or funds received from any source on behalf of the Applicant are the property of the Applicant and are intended for his/her care. I agree that any such funds, which come into my control, shall be administered for the Applicant's benefit, and all proper charges of the Idaho State Veterans Home shall be paid herewith.

Signature

Printed Name

Date



Authorization for Release of Information

Applicant's Name: _____

Social Security Number: _____

To: _____

From: The Idaho State Veterans Home

I hereby authorize and direct any hospital, clinic, medical service facility, medical practice, doctor, insurance company, or other person or institution in possession of any records pertaining to my health, medical condition(s), or medical treatment(s) to release originals or copies of the same to the Idaho State Veterans Home, its authorized professional medical services providers, long-term care facilities operators, and/or medical director for each Idaho State Veterans Home. A photocopy or facsimile copy of this authorization/release is as valid as the original.

I hereby release, indemnify and hold harmless forever any party who complies in good faith with this authorization and from any claim by me, my guardian, my attorney in fact or any other representative, or my estate, based on an assertion of breach of privilege, privacy or other right or duty owed to me.

Signature of Applicant/Responsible Party

Date

Signature of Witness

Date

Printed Name of Witness

Date